

Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2010 Non-Judicial Election

Name of Candidate Scott DelanoAddress 2008 Bayou LaPorte Biloxi MS 39531Telephone 228-806-7418 Fax 228-863-1165Contact Name \_\_\_\_\_ Email sdelano@SoutheastCommercial.netOffice Sought State Representative District 117 Political Party Republican☐ Check here if above is different from previous reportTYPE OF REPORT

- \_\_\_\_ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010)..... Mandatory
- \_\_\_\_ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010)..... Runoff Candidates
- \_\_\_\_ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010)..... All Candidates
- \_\_\_\_ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010)..... Runoff Candidates
- ☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010)..... All Candidates and Political Committees

\_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 3750.00 + \$ 400.00	\$	\$ 4,150.00
Total amount of disbursements	\$ 4000.00 + \$	\$	\$ 4,000.00
Total amount of cash on hand		\$ 1383.74	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

27 JAN 2011

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Scott Delano  
 Reporting period 1-1-10 through 12-31-10

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Realtors PAC</u>	<u>1/14/10</u>	\$ <u>2000.00</u>
Mailing Address <u>PO Box 321000</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>Jackson MS 39232</u>	<u>1/1/10</u>	\$
Name of Employer (Required)	<u>1/1/10</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>2000.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Bankers Association</u>	<u>1/12/10</u>	\$ <u>1000.00</u>
Mailing Address <u>PO Box 1091</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>Jackson MS 39215</u>	<u>1/1/10</u>	\$
Name of Employer (Required)	<u>1/1/10</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&amp;T Mississippi</u>	<u>9/15/10</u>	\$ <u>500.00</u>
Mailing Address <u>175 E Capital St Landmark Center Room 703</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>Jackson MS 39201</u>	<u>1/1/10</u>	\$
Name of Employer (Required)	<u>1/1/10</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Advance America</u>	<u>11/10/10</u>	\$ <u>250.00</u>
Mailing Address <u>135 N Church Street</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>Spartanburg SC 29306</u>	<u>1/1/10</u>	\$
Name of Employer (Required)	<u>1/1/10</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Scott Delano  
 Reporting period 1-1-10 through 12-31-10

## ITEMIZED DISBURSEMENTS

A. Full name <u>Robin Delano</u>	Date (Mo., Day, Year) <u>2/9/10</u>	Amount of each disbursement this period \$ <u>2000.00</u>
Mailing Address <u>2008 Bayou LaBonte</u>	<u>2/9/10</u>	\$ <u>2000.00</u>
City, State, Zip Code <u>Biloxi MS 39531</u>	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional) <u>Reimburse Advertising expense</u>	Aggregate Year-to-date	\$ <u>2000.00</u>
B. Full name <u>Todd Delano</u>	Date (Mo., Day, Year) <u>2/9/10</u>	Amount of each disbursement this period \$ <u>2000.00</u>
Mailing Address <u>2555 Marshall Road Suite E</u>	<u>2/9/10</u>	\$ <u>2000.00</u>
City, State, Zip Code <u>Biloxi MS 39531</u>	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional) <u>Reimburse loan for Advertising expense</u>	Aggregate Year-to-date	\$ <u>2000.00</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   /   /   </u>	\$
City, State, Zip Code	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   /   /   </u>	\$
City, State, Zip Code	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   /   /   </u>	\$
City, State, Zip Code	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   /   /   </u>	\$
City, State, Zip Code	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$